

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33481

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town.....
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
Max G. Sterkloff Memorial
 (If not in hospital or institution, write number or location)
 (d) Length of stay: In hospital or institution Mo. 2 Days
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT
FULL NAME

Albert Sidney Rogers

3. (b) If veteran,
name war.....3. (c) Social Security
No.....

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married,
divorced Married
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years

7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE, Years Months Days If less than one day
abt. 60 - - - hr. min

9. Birthplace.....
(City, town, or county) (State or foreign country)10. Usual occupation.....
(City, town, or county) (State or foreign country)

11. Industry or business.....

12. Name.....

13. Birthplace.....
(City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

17. (a) Buy 121 (b) Date thereof OCT 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Frederick Williams(b) Address 4035 2nd Washington Ave19. (a) OCT 16 1943 (b) J. F. Brudack
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17
 (c) City or town St Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15,
 year 1943 hour 7:07 minute A. M.

21. I hereby certify that I attended the deceased from September
13, 1943 to October 15, 1943;
 that I last saw him alive on October 15, 1943;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Suppurative Nephritis
from Chl. Nephritis
 Due to Hypertrophy of prostate
 Duration 2 wks.
12 yrs.

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place) (e) Means of injury.....

While at work?.....

23. Signature L. T. Ford (M, D, or other) MD
 Address 1515 Lafayette Avenue, Date signed 10/15/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed

John Agorowski
3398

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.